

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10 / 582269

APPLICANT(S)

*original drawn 34*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5		4					55						
6		4					56						
7	/						57						
8	/						58						
9		/					59						
10		/					60						
11		3					61						
12		00					62						
13		00					63						
14	/						64						
15	/						65						
16		6					66						
17		00					67						
18		00					68						
19		00					69						
20		00					70						
21	/						71						
22	/						72						
23		0					73						
24		00					74						
25		00					75						
26		00					76						
27		00					77						
28	/						78						
29		00					79						
30		00					80						
31		00					81						
32		00					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	40		9				TOTAL CLAIMS						